

Department of the Treasury
Internal Revenue Service**Part I** General Information

1 Name of organization SEIU LOCAL 998 POLITICAL ACTION COMMITTEE		Employer identification number 91-2062427
2 Mailing address (P.O. Box or number, street, and room or suite number) 2472 Eastman Avenue, Unit 30 City or town, state, and ZIP code Ventura, CA 93003		
3 E-mail address of organization seiu998@earthlink.net		
4a Name of custodian of records Barry L Hammitt	4b Custodian's address 2472 Eastman Ave, Unit 30 Ventura, CA 93003	
5a Name of contact person Barry L Hammitt	5b Contact person's address same as above	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number same as above City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization

The objective of the Political Action Comm. is to receive and manage funds and contributions and to provide service and assistance for the support/opposition to the election or passage of local and state legislative and constitutional officers, candidates, initiatives, referendums and constitutional amendments that have impact on SEIU Local 998 and its members. The PAC is a voluntary special-interest committee not affiliated with any political party.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
Service Employees International Union Local 998	connected	2472 Eastman Ave, Unit 30 Ventura, CA 93003
N/A		
N/A		
N/A		
N/A		

RECEIVED

AUG 03 2000

OGDEN, UT

9a Name

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official

7-24-02
Date

LOCAL 998



SEIU

Leading the Way

August 2, 2000

Internal Revenue Service Center
Ogden, UT 84201

Subject: Form 8871

Dear Sir/Madam:

Enclosed is our form 8871.

On July 25, 2000, upon discovering that we needed a new EIN number specifically for our Political Action Committee, we filed immediately. We received this number by FAX today, Aug. 2nd and, considering the circumstances, we request a waiver from any late fees due at this time.

Thank you for your consideration.

Sincerely,

Barry L. Hammitt
Executive Director

BLH:df

SERVICE EMPLOYEES
INTERNATIONAL UNION
AFL-CIO, CLC

2472 Eastman Avenue
Unit 30
Ventura, CA 93003
805.644.8291
Fax: 805.644.7843



LOCAL 998



SEIU

Leading the Way

faxed 7/26/00

July 25, 2000

Internal Revenue Service
Attn: Entity Control
Fresno, CA 93888

Dear Sir or Madam:

We are faxing the enclosed Form 88-4 "Application for Employer Identification Number". This is needed ASAP in order to file Form 8871 "Political Organization Notice of Section 527 Status".

Please fax to us at 805 644 7843, Attention: Dolores Fedon so we may file our Form 8871 within the deadline of 8/31/00.

Thank you for your consideration.

Sincerely,

Barry L. Hammitt
Executive Director

BLH:df

SERVICE EMPLOYEES
INTERNATIONAL UNION
AFL-CIO, CLC

2472 Eastman Avenue
Unit 30
Ventura, CA 93003
805.644.8291
Fax: 805 644 7843

INTERNAL REVENUE SERVICE

Ogden Service Center/Entity

PO Box 9941 m/s 6271

Ogden, UT 84409

FAX Transmission Cover Sheet

FAX NUMBER (801) 620-7115

Telephone Number (801) 620-6755 or 620-7667

Employee: Roxann Frazier Employee Number: 2918629525

TO: Service Employees International Union Date: 8-1-00

ORGANIZATION: Local 988 AFL-CIO Pol Action Committee

FAX NUMBER: 805-1044-7843

Dear Taxpayer:

- ☒ 1. Following is a copy of your Form SS-4. Your employer identification number (EIN) is located in the upper right hand corner of the form.
- ☐ 2. Our records show that your organization was previously assigned an employer identification number (EIN). Your EIN is located in the upper right hand corner of the form.
- ☐ 3. Your employer identification number (EIN) is on the enclosed correspondence.
- ☐ 4. We are returning your Form SS-4 because it appears you do not need a number. Individual Account Trust Numbers are not required unless a business return, Form 990T, 945 and/or 1041, is being filed. If a business return will not be filed, a Social Security Number should be used for an Individual Retirement Account.
- ☐ 5. We are unable to process your application for an employer identification number (EIN), Form SS-4, because more information is needed. We are returning your application so you can take the necessary action and fax it back to us for processing. Please provide the information indicated for the box(es) checked below.
- ☐ A. We are required to verify wages paid and business start dates that are more than one year old. The business start date is the beginning of the first accounting period for which the entity is liable to file a federal tax return.
- ☐ B. Signature.
- ☐ C. Your fax transmission was incomplete or illegible.

NOTE: To apply for your tax exempt status you will need Forms 1023 or 1024, Application for Tax Exempt Status, and Form 8718, User Fee for Exempt Organization Determination Letter, and Publication 557, How to Apply for Tax Exempt Status. To obtain these forms and instructions by mail, call 1-800-829-3676, by fax dial from your fax machine 1-703-368-9694, or by Internet at <http://www.irs.ustreas.gov>. Send your completed application with the user fee to the following address.

Cincinnati Service Center
P.O. Box 192
Covington, KY 41019

To receive assistance in completing these forms, you may call 1-877-829-5500.

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by e-mail and return the communication to the address above via the United States Postal Service. Thank you.

10-2000 8:22AM

FROM SEIU LOCAL 998 8866447843

P. 2

FAX TO: 1-801-620-7115

Phone: 1-801-620-7645

91-2062427 ✓

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

OMB No. 1545-0047

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

1 Name of applicant (legal name) (see instructions) Service Employees International Union Local 998 AFL-CIO Political Action Committee	
2 Trade name of business (if different from name on line 1) SEIU Local 998 Political Action Committee	3 Encoder, tax-exempt "care of" name BARRY L HAMMITT
4a Mailing address (street address) (room, apt., or suite no.) 2472 Eastman Ave, Unit 30	4b Business address (if different from address on lines 4a and 4b) same
5a City, state, and ZIP code Ventura, CA 93003	5b City, state, and ZIP code same
6 County and state where principal business is located Ventura, California	
7 Name of principal officer, general partner, grantor, owner, or trustee-SSN or (ITIN) may be required (see instructions) BARRY L HAMMITT	

8a Type of entity (check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Partnership | <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Estate (SSN or decedent) |
| <input type="checkbox"/> LLC | <input type="checkbox"/> National Guard | <input type="checkbox"/> Federal government | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Farmers' cooperative | <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Other corporation (specify) --- |
| <input type="checkbox"/> Other nonprofit organization (specify) POLITICAL ACTION COMMITTEE | <input type="checkbox"/> Other (specify) --- | <input type="checkbox"/> Federal government/agency | <input type="checkbox"/> Trust |

8b If a corporation, name the state or foreign country of applicant's where incorporated **State** Foreign country

- | | |
|---|---|
| 9 Reason for applying (check only one box.) (see instructions) | <input type="checkbox"/> Starting new business (specify type) --- |
| <input type="checkbox"/> Stopped new business (specify type) --- | <input type="checkbox"/> Changed type of organization (specify new type) --- |
| <input type="checkbox"/> Hired employees (check the box and see line 12) | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Created a pension plan (specify type) --- | <input type="checkbox"/> Created a trust (specify type) --- |

10 Date business started or acquired (month, day, year) (see instructions) **JULY 1-2000** 11 Closing month of accounting year (see instructions) **6/30**

12 First date wages or salaries were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **---**

13 Highest number of employees expected in the next 12 months. Make: If the applicant does not expect to have any employees during the period, enter 0. (see instructions)

14 Principal activity (see instructions) **POLITICAL ACTION COMMITTEE**

15 Is the principal business activity manufacturing? ☐ Yes **52**

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) **---** ☐ Business (wholesale) ☐ **52**

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No **52**

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name **---** Trade name **---**

17c Appointee date when and city and state where the application was filed. Enter previous employer identification number if known.
Appointee date when filed (month, day, year) **---** City and state where filed **---** Previous EIN **---**

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Barry L Hammitt, Executive Director

Name and title (please type or print clearly) **Barry L Hammitt** Date **7/25/00**

Signature **Barry L Hammitt** Note: Do not write below this line. For official use only.

Please leave blank **---** Date **---** Title **---** Signature for applying **---**



July 25, 2000

To: Internal Revenue Service Center
Ogden, UT 84201

From: Barry L. Hammitt, Secretary/Treasurer
SEIU Local 998 Political Action Committee

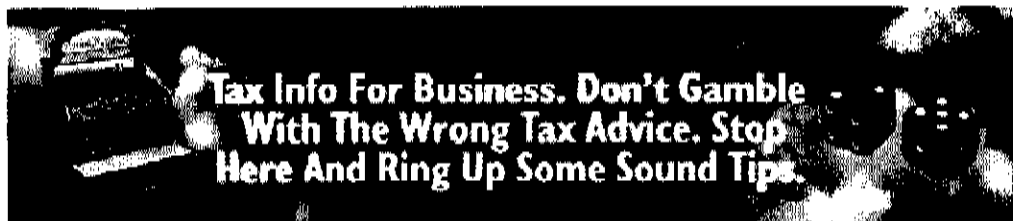
This is to cancel the Employer Identification Number on the enclosed form which was submitted online. SEIU Political Action Committee has filed for an EIN for the PAC committee itself. The number listed on the enclosed form is for Local 998 and not it's PAC committee.

Also enclosed is a copy of form 88-4 which was faxed to Fresno on July 25/00.

Thank you for your consideration.

SERVICE EMPLOYEES
INTERNATIONAL UNION
AFL-CIO, C.I.O.

2472 Eastman Avenue
Unit 30
Ventura, CA 93003
805.644.8291
Fax: 805.644.7843



Political Organization Notice of Section 527 Status

Please enter information below to fulfill your requirements for electronic filing of Form 8871:

Employer Identification Number	95-1949279	<i>Refiled 8/2 upon receipt of new # 912062427</i>
Name of Organization	SEIU Local 998 Political Action Com	
Street Address	2472 Eastman Ave Unit 30	
City	Ventura	
State	CA <input type="button" value="v"/>	
Zip Code	93003	
Email address of Organization	seiu998@earthlink.net	
Name of Custodian of Records	Barry L. Hammitt	
Name of Contact Person	Barry L. Hammitt	

File Electronically

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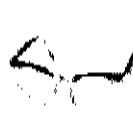
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Help



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Help



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